



*Human Services Department/ Youth & Family Services*

39155 Liberty Street, Suite E-500, P.O. Box 5006, Fremont, CA 94537-5006

510-574 2100 *ph* / 510-5742105 *fax* / [www.ci.fremont.ca.us](http://www.ci.fremont.ca.us)

## 2006-2007 INTERNSHIP/PRACTICUM APPLICATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (pager/cell) \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_ Intern registration#: \_\_\_\_\_  
(for MFT bound, post degree candidates)

Degree Program:   ☐ Masters/Counseling   ☐ Ph.D/Psy.D.   ☐ PPS

Date Degree Obtained: \_\_\_\_\_ or projected date: \_\_\_\_\_

Number of supervised clinical hours to be completed by **8/06**: \_\_\_\_\_

How did you hear about this internship? \_\_\_\_\_

Briefly describe the following, including relevant volunteer and life experiences:

1. Counseling/other experience with families:

2. Counseling/other experience with children and/or adolescents:

3. Counseling/other experience with clients from diverse cultures:

Complete both sides of form

4. Counseling/other experience with low-income clients:

5. Other life experiences or previous occupations you consider relevant:

6. Indicate languages, in addition to English, in which you could conduct a counseling session:

7. Will you have completed the following courses by 9/05?

Law and Ethics:	yes	no
Child Abuse Reporting:	yes	no
Family Therapy	yes	no
Child Therapy	yes	no

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Do you have a preference at this point among the program options?

☐ school site/clinic      ☐ clinic      ☐ Infant-Toddler program      ☐ police dept

Please give the names and phone numbers of three people who could provide references, at least two of whom know your clinical skills or your work in a graduate program. These people would not be contacted until after an interview.

Name and Relationship:

Phone numbers/emails:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I authorize Youth and Family Services staff to contact the above people to discuss my qualifications for the internship program at YFS. I certify that the above information is true, complete, and correct to the best of my knowledge. I understand that mis-statements may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this application, along with your resume, to:**

**Lisa Gioia, M.F.T., Clinical Supervisor  
Youth and Family Services  
P.O. Box 5006  
Fremont CA 94537-5006**

**Or you can fax to 510-574-2105 or email to [lgioia@ci.fremont.ca.us](mailto:lgioia@ci.fremont.ca.us)**

Complete both sides of form